



Health Care Agency  
BHS Adult Mental Health Services  
Policies and Procedures

Section Name: Clinical Documentation

Section Number: 900.02

Policy Status: ☐ New ☐ Revised

<u>APPROVED</u>	<u>SIGNATURE</u>	<u>DATE</u>
AMHS Division Manager	Doug Barton	09/28/98
Concurrence: BHS QIPC		

**SUBJECT:**

Referral to Evaluation and Treatment Services (E.T.S.)

**PURPOSE:**

To facilitate the transfer and psychiatric evaluation of medically stable persons meeting admission criteria outlined under WIC 5150, and listed below, to the Evaluation and Treatment Services (ETS).

**ADMISSION CRITERIA:**

1. Any person who by reason of mental disorder is in imminent danger of harming himself/herself or others, or is gravely disabled and is at risk of acute psychiatric hospitalization, is appropriate for referral to this program.
2. Any person suffering from effects of toxic substance, i.e., (drugs, alcohol, poisons, etc.) is not appropriate for admission until medically evaluated and stabilized. Please refer to Medical Admission Criteria to the ETS attached to this procedure.
3. Any person with criminal charges and in custody is not appropriate for referral/admission to the County E.T.S.

**FORMS:**

1. Application for 72 hour detention for evaluation and treatment (#F346-501.1)
2. County of Orange -- Authorization for Medical Transportation (#F272-01.1841)

**ADMISSION/REFERRAL PROCEDURE:**

1. All agency referrals to the County E.T.S. must be preceded by a phone call. No one will be received by the unit without phone approval.
2. If a detaining/referring person believes that an individual meets the admission criteria and qualifies for an evaluation, he/she will call the County E.T.S. at 834-6900.
3. The staff at the County E.T.S. will inquire as to the person's behavior, medical status (if known) and circumstances under which he/she is being referred.
4. If the referral does not meet the admission criteria, the County E.T.S. staff will direct the referring person to the most appropriate resource. These resources may include:
  - a. Regional Mental Health Team
  - b. Regional Alcoholism and Drug Abuse Team
  - c. Private Hospital
  - d. CalOptima
  - e. ASO
  - f. Other community service providers

5. If the referral meets admission criteria, County E.T.S. staff will direct referring person to transport the individual to the County unit by contract ambulance.
6. Once the individual is admitted, the ETS will take the responsibility of providing appropriate dispositional services including transport to alternative facilities.
7. When the individual is being detained on a 5150, the original 5150 application must accompany the patient to the E.T.S., or to a medical R.R. for medical clearance prior to acceptance by E.T.S.
8. Persons requiring emergency medical services must receive medical treatment and be medically stable prior to referral and transfer to the E.T.S. County staff shall have the client transported to the medical emergency room nearest the site of initiation of the involuntary hold.
9. If the person is being referred from a local medical emergency room a copy of that emergency room medical report as well as the original 5150 form must accompany the patient to the County facility and the person must be medically stable prior to transport. In these cases, the Emergency Room Physician is to contact the County Physician for authorization to transfer the patient.
- ~~10. Ambulance personnel, police and/or transporting person will be requested to remain with the individual brought to the E.T.S. until staff processes the admission (approximately 15 minutes).~~

**PROCESSING INCLUDES:**

- a. A brief screening to confirm that the individual meets admission criteria.
- b. Confirmation that any legal holds, i.e., 5150's and related paper work is complete and accurate.



County of Orange

# MEMO

TO: AOS Staff  
Aliso Viejo Clinic  
Laguna Beach Clinic

From: Jenny Forkey, SCI *JF*  
Pager # (714) 664 - 6179

Date: 3/15/01

Re: 5150 Evaluations

This memo is to serve as a reminder of the protocol for 5150 evaluations. Following the procedures can help to ensure your safety, the consumers safety, and timely completion of the evaluation process.

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- Feel free to page or call me from the field to consult if you aren't sure if the consumer meets 5150 criteria.
  - We are not obligated to go to Police Stations or Emergency rooms to do 5150 evaluations. These facilities should be directed to the nearest PET team. If there are special circumstances and you are not sure, page me.
  - We will go to a School to do a 5150 evaluation on a client 18 years old or older or if the person is an emancipated minor. (you need to see proof)
  - Page me before 5:00 p.m. if you are involved in a 5150 evaluation that might lead into overtime.
  - Please page me to a number that accepts return calls. (some pay phones and cell phones do not) If you do not hear back from me right away, you can leave a voicemail message for me in Aliso Viejo at (949) 643 - 6902. *can be used as vols also*
  - Ambulance Vouchers are only to be used for 5150'd clients. If the client is going to the hospital voluntarily and needs to be sent by ambulance, page your Service Chief for approval.
- 
- Once a 5150 is written, keep a close eye on the client, do not let them go out to the lobby or to the parking lot alone to smoke a cigarette etc.. Stay close or ask your peer to stay with them while you make transportation arrangements or call ETS.
  - Stay on top of the process when you are waiting for medical clearance in an ER. Talk to the nurses and Dr.. Offer to help, coordinate frequently with ETS staff, and make sure you know what tests they are asking for and when they are done.
  - Make sure the staff at ETS knows that you are in the ER with the client.
  - If the Dr. or the Nurse at the ER tell you you can leave the client under their care, page your Service Chief to consult. (you can probably go)
  - Page your Service Chief if there is a problem, the earlier the better.
  - Page your Service Chief when you are done with the medical clearance. (this is important to ensure you get paid for your overtime)
  - Turn in a copy of the 5150 evaluation, ambulance voucher, and medical clearance form to your Service Chief.
  - Thank you for your cooperation

## ASSESSMENT FOR INVOLUNTARY HOSPITALIZATION

### 1. 5150

- A. When any person, *as a result of a mental disorder* is a danger to others, or to himself or herself, or gravely disabled, a designated County of Orange HCA staff member may, upon probable cause, take, or cause to be taken, the person in to custody and place him or her in a facility designated by the County and approved by the State Department of Mental Health as a facility for 72-hour treatment and evaluation.

### 2. Application for 72-Hour Detention

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- A. W&I Code, Section 5157, requires that each person when first detained for psychiatric evaluation be given certain specific information orally, and a record be kept of the advisement by the evaluating facility.
  - B. The County of Orange HCA designated staff member will complete application for 72-hour detention.
  - C. Section One should contain information on how the situation was brought to the staff's attention and a description of the alleged behaviors or situation observed or reported. Also, staff should include relevant historical factors such as prior hospitalizations or prior dangerous or destructive behaviors.
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- D. Section Two should contain a brief description of the client (including age, gender, and appearance), observable behaviors or "quotes" of client's statements, and a note if client refuses voluntary treatment and justification for 5150.

### 3. Other Necessary Paperwork

- A. An ambulance voucher should be completed with information regarding the client's location, destination, and current insurance benefits.
- B. A field medical assessment listing pertinent medical problems, medical history, drug or alcohol history, current medications, and current vital signs should be completed and submitted to the facility accepting the client for treatment.

C. An Involuntary Treatment Evaluation Individual Report must be completed by all staff and submitted to their Service Chief along with a copy of the 5150 Report (Application for 72-Hour Detention), a copy of the ambulance voucher, and a copy of the field medical assessment

D. See examples of all necessary forms (attached).

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APPLICATION FOR 72-HOUR DETENTION  
FOR EVALUATION AND TREATMENTExample

## DETAINMENT ADVISEMENT

My name is Danielle Boucher  
I am a (Peace Officer, etc.) with (Name of Agency).  
You are not under criminal arrest, but I am taking you  
for examination by mental health professionals at  
(Name of Facility).

You will be told your rights by the mental health staff.  
If taken into custody at his or her residence, the per-  
son shall also be told the following information in  
substantially the following form:

You may bring a few personal items with you which I  
will have to approve. You can make a phone call  
and/or leave a note to tell your friends and/or family  
where you have been taken.

W &amp; I Code (7.90)

W & I Code, Section 5157, requires that each person when first  
detained for psychiatric evaluation be given certain specific information  
orally, and a record be kept of the advisement by the evaluating facility.

☒ Advisement Complete ☐ Advisement Incomplete

Good Cause for Incomplete Advisement

Advisement Completed By

Position

Date

Danielle BoucherSCI9-26-00To Orange County E.T.S.Application is hereby made for the admission of John Q. Clientresiding at 1234 Woodbury Lane Westminster, Ca. 92683, California, for

72-hour treatment and evaluation pursuant to Section 5150, (adult) et seq. or Section 5585 et seq. (minor), of the Welfare  
and Institutions Code. If a minor, to the best of my knowledge, the legally responsible party appears to be/is: (Circle one)  
Parent; Legal Guardian; Juvenile Court as a WIC 300; Juvenile Court as a WIC 601/602; Conservator. If known, provide  
names, address and telephone number: Client is open with Westminster Mental Health Care  
Coordinator is: Mary Smith (714) 896-7566. Last known medications: Lithium  
400mg BID, Risperdal 2mg BID (prescribed on 8-24-00). Mother is  
Conservator (Mary Jones) (714) 631-2177.

above person's condition was called to my attention under the following circumstances: (See reverse side for definitions)  
Client's mother (Conservator) brought client in to Westminster Clinic  
for an emergency medication appointment. Client has been off  
all medication x 2 weeks and has shown increasing depressive  
symptoms. Client told his mother "I'm tired of living." He  
stated he had a plan to jump off a freeway overpass.

The following information has been established: (Please give sufficiently detailed information to support the belief that the  
person for whom evaluation and treatment is sought is in fact a danger to others, a danger to himself/herself and/or gravely  
disabled.) Client is a 26 y.o., single Caucasian male with an 8 year  
history of Bipolar disorder. He admitted to this writer that he wants  
"to die" and has a plan to jump off a freeway overpass. He  
has not taken his psychotropic medication x 2 weeks. He cannot  
contract not to harm himself. He has a history of one S/A at age 16  
Based upon the above information it appears that there is probable cause to believe that said person is, as a result of  
mental disorder:

☒ A danger to himself/herself. ☐ A danger to others. ☐ Gravely disabled adult. ☐ Gravely disabled minor.

Signature title and badge number of peace officer, member of attending staff of evaluation facility  
or person designated by county.Date 9-26-00

Phone

Danielle Boucher, SCITime 10:00a.m. (714) 896-7566

Name of Law Enforcement Agency or Evaluation Facility Person

HCA/BH

Address of Law Enforcement Agency or Evaluation Facility Person

14140 Beach Blvd. Suite 223  
Westminster, Ca. 92683

Weapon was confiscated and detained person notified of procedure for return of weapon pursuant to W & I Code Section 8102  
(Officer unit & phone #)

## NOTIFICATIONS TO BE PROVIDED TO LAW ENFORCEMENT AGENCY

Notification of Person's Release from an Evaluation and Treatment Facility is requested by the referring peace officer because:

- ☐ Person has been referred under circumstances in which criminal charges might be filed pursuant to W & I Code Sections 5152.1 and 5152.2.  
Notify (officer/unit & phone #) \_\_\_\_\_
- ☐ Weapon was confiscated pursuant to W & I Code Section 8102.  
Notify (officer/unit & phone #) \_\_\_\_\_

- Example -

**COUNTY OF ORANGE - AUTHORIZATION FOR MEDICAL TRANSPORTATION**

DATE OF SERVICE: 9-26-00 AMBULANCE COMPANY: Schaefer VAN # 72  
PATIENT NAME: John Q. Clent D.O.B.: 1-15-74 SS#: 123-45-6789  
PATIENT ADDRESS: 1234 Woodbury Lane Westminster 92683  
PATIENT PHONE: (714) 896-1231 PICK-UP LOCATION: 4140 Birch Blvd. Suite 22  
REASON FOR TRANSPORTATION: 515D - DTS DESTINATION: D.C. ETS

**TYPE OF RUN**

☐ EMER.  
☒ NON-EMER.  
☐ CRITICAL CARE

**TYPE OF VEHICLE**

☒ AMBULANCE  
☐ WHEEL CHAIR VAN  
☐ LITTER VAN

**TIME OF DAY**

☒ DAY (7AM-7PM)  
☐ NIGHT (7PM-7AM)

**TIME**

CALLER: 10:05 am  
ARRIVED: 10:35 am

**ATTENDANT FOR VANS**

☒ YES ☐ NO

**RESTRAINTS**

☒ YES ☐ NO

**NUMBER OF PATIENTS**

TRANSPORTED: 1

**AUTHORIZING AGENCY MUST CHECK ONE OF THESE BOXES**

BILL: MEDICAL ☐ YES ☒ NO  
BILL: COUNTY OF ORANGE ☒ YES ☐ NO  
BILL: PATIENT ☐ YES ☒ NO

MEDICAL # none  
CALOPTIMA HEALTHPLAN NAME AND PHONE NUMBER  
none

**FOR THE SHERIFF DEPARTMENT ONLY:**

PATIENT IN CUSTODY ☐ YES ☐ NO

MEDICARE # none

AUTHORIZED SIGNATURE: Danielle Boucher, SGT PHONE NUMBER: (714) 896-7526

PRINT NAME: Danielle Boucher, SGT

**AUTHORIZING AGENCY:**

☐ SHERIFF  
☐ LAW ENFORCEMENT

☐ PROBATION  
☐ PUBLIC DEFENDER

☐ PUBLIC GUARDIAN  
☐ PUBLIC HEALTH

☒ BEHAVIORAL HEALTH CARE  
☐ SOCIAL SERVICES

◆ F272-01.1841 (R10/97)

Distribution: WHITE: Invoice Copy; PINK: Provider Copy; CANARY: Authorized Agency Copy

\* If consumer has Medical, Medi-Cal, or Private Insurance, please make sure this information is clearly indicated on Ambulance Voucher \*

*Example*

ADULT COMMUNITY  
MENTAL HEALTH SERVICES

Involuntary Treatment Evaluation Individual Report

Note: Evaluating staff member shall complete only if a third party (e.g. other staff, family or friends of client) has requested evaluation AND/OR the evaluating staff member initiates a 5150.

Date: 9-26-00

Reporting Unit: AOS Westminster  
Danielle Boucher

Patient Name John D. Client

Gender: M F  
(circle one)

Date Of Birth 1-15-74

Evaluating Staff Member(s): Danielle Boucher, SCT

Disposition(circle one):

WI5150

WI60000

Medical clearance required(circle one): YES.

NO

If yes, please summarize the physical conditions and/or medical clearance required: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referral/Transfer(check One):

County Inpatient (e.g., ETS, TRC)

Private Inpatient (e.g., UCIMC, Hoag, etc.)

Outpatient

No Services

Send to Service Chief for retention in Administrative file for a period of six (6) months.

ITE:VAI



COUNTY OF ORANGE, CALIFORNIA  
HEALTH CARE AGENCY  
BEHAVIORAL HEALTH CARE  
FIELD MEDICAL ASSESSMENT  
(ETS MEDICAL CLEARANCE DATA SHEET)

- Example -  
John Q. Client

Patient Name & D.O.B.  
or IDENTIFICATION IMPRINT

Date:	9-26-00	Name of Evaluator(s):	Danielle Boucher, SGT	Start time:	10:05	End time:	10:15am
Physical Health Status section to be completed by Field Evaluator (ETS psychiatrist may review before transfer to ETS)							
Current physical complaints (from patient or family)	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If yes, explain					If client has any of following medical conditions, ETS will want to know:	
On medications? (including Psychiatric)	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If yes, explain	Risperdal 3mg h.s., Lithium 300mg h.s.				Medical Doctor Name & phone #	
Is client alert & can they walk without assistance?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If no, explain					Asthma	
Has client had food & drink in last 72 hrs?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If no, explain	Ate dinner last evening.				Seizures	
History or signs of an overdose, intoxication, or withdrawal?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If yes, explain					Diabetes	
Was drug screen done or drugs / alcohol used in last 24 hrs?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If yes, explain	Denies hx of drugs or etoh.				Wounds	
Vital Signs		Blood Pressure:	Pulse:	Resp:	Temp:	Taken by:	Time:
		Blood Pressure:	Pulse:	Resp:	Temp:	Taken by:	Time:
		Blood Pressure:	Pulse:	Resp:	Temp:	Taken by:	Time:
The section below to be completed only when medical clearance requested by ETS psychiatrist							
ETS MD Requesting Clearance		Date / Time	Date / Time Fax'd to ETS	ER which accepts Patient		Date / Time	
Medical clearance defined by: Okay to go home or to ETS	ETS psychiatrist is requesting additional medical clearance for?					Drug Screen Blood Alcohol	
Emergency room record specifies acute medical followup, treatments, & medications						CBC SMA - 7 SMA - 20	
						Med Level	
						EKG	
						X-ray	
Outcome	Accepted by ETS	Admitted to medical unit	Other				
ETS MD Accepting / Refusing Patient		Date / Time	This form is to be completed by County of Orange staff only				



County of Orange

## MEMO

DATE: October 24, 1995  
TO: All Staff  
Outpatient Clinic Operations  
FROM: Alan V. Albright, *AVA* Program Manager II  
Outpatient Clinic Operations

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SUBJECT: Inpatient Referrals

Effective immediately, individuals being referred from ANY inpatient facility or program (County, contract or private) who are not currently open in our outpatient programs are to be provided with an O.D./intake appointment scheduled to occur within ONE business day from the referral call or day of discharge (as appropriate). Exceptions to this policy require Service Chief review and approval in advance.

AVA

cc: Doug Barton  
Teresa MaFarland

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Health Care Agency  
BHS Adult Mental Health Services  
Policies and Procedures

Section Name:

2 - Program

Section Number:

900.21

Policy Status:

☐ New ☒ Revised

<u>APPROVED</u>	<u>SIGNATURE</u>	<u>DATE</u>
AMHS Division Manager	Annette Mugrditchian	
Concurrence: BHS QIPC	Dave Horner	

SUBJECT:

ETS Walk-In Procedure

**PURPOSE:**

To outline the protocol regarding provision of emergency evaluations and dispositions to patients that present to the ETS on a voluntary, walk-in basis.

**SCOPE:**

This policy and procedure will apply to all ETS Clinical Staff, ETS Psychiatrists and adjunct personnel from the Orange County Centralized Assessment Team.

**REFERENCE:**

AMHS Policy 1.00 ETS Admission Procedure

**FORMS:**

Problem Statement and Medical History Summary

Financial Summary

Voluntary Admission Form, MH 5756 E/S (5/00)

Contact Sheet

Progress Note, form #F346-533

Authorization to Use and Disclose Protected Health Information Form, F346-531 B

IRIS Crisis Input Worksheet

Discharge Plan

**METHOD:**

- I) Walk-In Procedure for ETS staff:
  - a) Persons presenting themselves to the ETS for voluntary psychiatric evaluation shall be given a Voluntary Admission application to sign prior to evaluation.
  - b) The patient will be given the following two forms to complete, if able to do so.
    - i. Problem Statement and Medical History Summary
    - ii. Financial Summary
  - c) Office Support will determine if the patient has been seen previously and gather old records, as applicable.
  - d) Financial Staff will determine the patient's funding / UMDAP status.

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- e) The above information will be provided to the Officer of the Day and h/she will interview the patient or assign someone to do so.
  - f) ETS staff will ask the patient to sign an Authorization to Use and Disclose Protected Health Information Form to obtain collateral history as indicated.
  - g) If the patient is appropriate for admission to the ETS h/she will be admitted on a voluntary status. If the patient refuses to sign in voluntarily, h/she will be evaluated for a seventy-two hour involuntary detention (WIC 5150).
  - h) Upon admission to the ETS, the patient will be admitted per the ETS Admission Procedure policy.
  - i) If the patient does not require admission to the ETS, based on the ETS Psychiatrist's evaluation, h/she will be provided with a referral to the appropriate level of care, which could include but is not limited to, Substance Abuse Treatment, Out-patient Mental Health Treatment, a Medical Emergency Room or the patient's Primary Care Physician. The staff member will complete the Discharge Plan and then give it to the patient. A copy will be retained by the ETS to become part of the patient's medical record. ETS staff will secure an appointment for the patient whenever feasible and/or will provide relevant continuing care resources to the client.
  - j) The Officer of the Day (OD) or designee will complete a contact sheet in the computer and will print a copy for the patient's medical record.
  - k) The OD or designee will enter the patient's information into the ETS Log.
  - l) The interviewing staff member will complete an assessment or crisis intervention encounter document as applicable. The ETS psychiatrist, will document on the same encounter document as a "note to chart" and include the reason that the patient is being referred to a lower level of care.
  - m) The interviewing ETS staff member will complete the IRIS Crisis Input Worksheet.
  - n) The ETS psychiatrist will evaluate all walk-in patients interviewed by ETS staff either after the patient is admitted or prior to the patient being referred to a lower level of care.
- II) Walk-In Procedure for Centralized Assessment Team (CAT) staff:
- a) If the CAT staff member is available to complete an evaluation, they will complete the evaluation and document per clinic evaluation protocol. The ETS psychiatrist will be available for consultation as requested by CAT clinician.